# annual report
## 2014 / 2015

EASTERN HEALTH AUTHORITY

# Message from the Chairperson

## EHA continues to excel in the provision and delivery of public health services to the five Constituent Councils.

Sue Whitington
**Chairperson**

Following Local Government elections in November 2014, Eastern Health Authority welcomed three new Board Members (Councillors Bishop, Evans and Shetliffe) and seven previous members (Councillors Barnett, Cornish, Knoblauch, Kennedy, Monceaux, Ryan and Whitington) to the Board of Management. These members represent the five Constituent Councils of EHA, Prospect, Walkerville, Campbelltown, Burnside and Norwood, Payneham and St. Peters.

As a prominent Local Government immunisation provider in South Australia, EHA has continued to promote the benefits of vaccination in eliminating life threatening infectious diseases. Public clinics, worksite programmes and school based programmes provide a comprehensive suite of vaccines. This year a delay in the manufacturing process of the influenza vaccine resulted in late delivery of the vaccine for clinics. In response to reports of an increase in Whooping Cough *(Pertussis*) in the community EHA experienced a noticeable increase in demand for this vaccine. Importantly, the *Pertussis* vaccine was made available free to pregnant women in their third trimester and recommended for fathers, grandparents and other carers of young children.

EHA is diligent in the monitoring and enforcement of public health standards in food premises, high risk manufactured water systems, waste water systems, swimming pools and personal grooming and body art premises. This is an important function of EHA and is vital to public safety. Non compliance in food premises continues to be a high priority. EHA employs a graduated enforcement response when dealing with non-compliance, ranging from education through to prosecution.

Supported Residential Facilities (SRF's) accommodate some of the most disabled and vulnerable people in our community. EHA continues to be responsible for the licensing and regulation of standards in SRF's for Constituent Councils and for the City of Unley on a user-pays basis. This year all audits were conducted on an unannounced basis in an effort to encourage proprietors and managers to operate each facility to a high standard.

The *S.A. Public Health Act 2011* requires Councils to develop public health plans, consistent with the State Public Health Plan, to respond to public health challenges in their communities. In a fine example of Local Government collaboration EHA has developed a regional public health plan on behalf of Constituent Councils. The Plan has recently been adopted by all Constituent Councils. The Regional Public Health Plan committee will continue to discuss implementation of the strategies contained in the plan.

EHA continues to excel in the provision and delivery of public health services to the five Constituent Councils. I would like to thank EHA staff and the CEO for the diligent and sensitive manner in which they deal with the many complex issues which are the responsibility of EHA.

It has been my pleasure to work with a dedicated Board and I thank them for their support and commitment.

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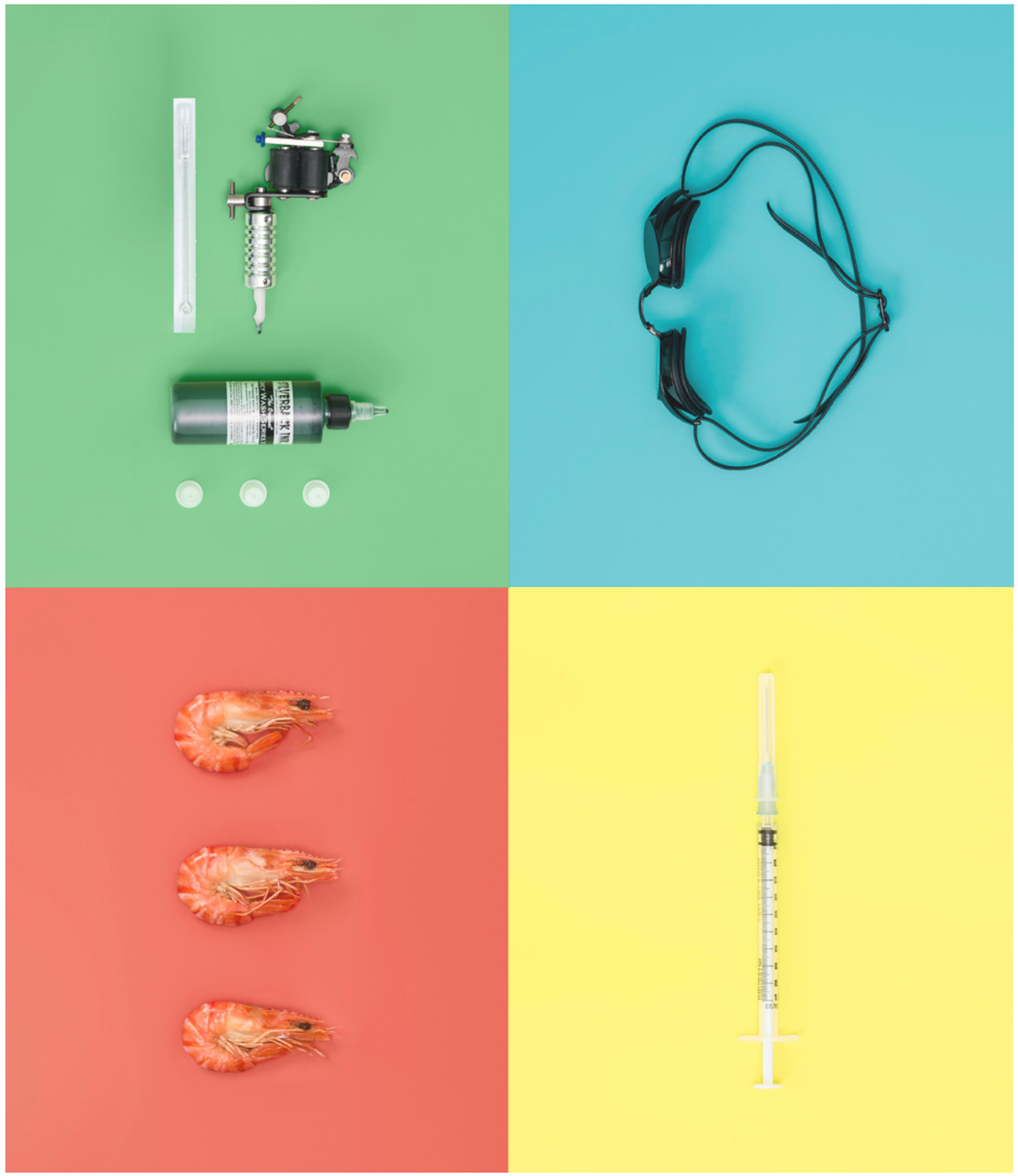
# About Eastern Health Authority



**Eastern Health Authority (EHA) is a regional subsidiary established under Section 43 of the *Local Government Act 1999* which provides a range of environmental health services to the community on behalf of its Constituent Councils in the eastern and inner northern suburbs of Adelaide, South Australia.**

**The Constituent Councils are:**

- City of Burnside (Burnside)
- Campbelltown City Council (Campbelltown)
- City of Norwood Payneham and Peters (NPSP)
- City of Prospect (Prospect)
- The Corporation of the Town of Walkerville (Walkerville)

During 2014-15 EHA discharged the environmental health responsibilities of its five Constituent Councils under the *South Australian (SA) Public Health Act 2011*, *Food Act 2001* and *Supported Residential Facilities Act 1992.* Services include the provision of immunisation services, hygiene and sanitation control, licensing and monitoring of SRFs, and monitoring of food safety standards including inspection of food premises. Immunisation services are provided to the City of Unley on a user-pays basis. EHA also licenses and monitors SRFs on behalf of the City of Unley.

| | Burnside | Campbelltown | NPSP | Prospect | Walkerville | Total |
|---|---|---|---|---|---|---|
| Rateable Properties | 20,558 | 22,671 | 19,352 | 9,624 | 3,506 | 75,711 |
| Population of Council | 44,734 | 51,344 | 36,600 | 20,910 | 7,345 | 160,933 |
| Number of Food Premises | 260 | 271 | 435 | 190 | 45 | 1,201 |
| Swimming & Spa Pools Sites | 12 | 3 | 11 | 1 | 3 | 30 |
| Cooling Towers & Warm Water Systems Sites | 6 | 5 | 11 | 2 | 1 | 25 |
| Supported Residential Facilities | 3 | 2 | 1 | 2 | 0 | 8 |
| Hairdressers/Beauty Treatment | 61 | 47 | 93 | 35 | 9 | 245 |
| Public & Environmental Health Complaints | 64 | 70 | 80 | 39 | 15 | 268 |
| 2014 SBIP Year 8 Enrolment Numbers | 641 | 576 | 652 | 182 | 74 | 2,125 |
| 2014 SBIP Year 9 Enrolment Numbers | 652 | 608 | 633 | 175 | 67 | 2,135 |
| Immunisation Clinics – Client Numbers | 1,058 | 1,196 | 1,387 | 276 | 200 | 4,117 |
| Immunisation Clinics – Vaccines Given | 1,969 | 2,308 | 2,620 | 495 | 389 | 7,781 |

# Chief Executive Officer's Report

## "There is nothing more important than the health and wellbeing of our local communities."

Michael Livori
**Chief Executive Officer**

When developing this report I thought it was an opportune time to not only reflect on the actual work EHA has undertaken over the past year, but also to reflect on why we exist and the significance of the role we undertake on behalf of our Constituent Councils.

There is nothing more important than the health and wellbeing of our local communities. Health is a human right, a vital resource for everyday life and a key factor of sustainability. For over a century local government has played a vital role in ensuring this basic right is available to its communities.

The first iteration of a Regional Public Health Plan for the EHA area has now been finalised and adopted by all Constituent Councils. It reflects on the broad range of services our councils provide which contribute to the health and wellbeing of the community.

One responsibility identified in the plan is the provision and facilitation of preventive health services to protect the community from known health threats. This responsibility also extends to the identification and response to new and emerging issues. Much of this work is in relation to the prevention and control of diseases and is mandated in legislation. EHA exists as a Local Government Regional Subsidiary to fulfill these important responsibilities on behalf of its Constituent Councils.

While many examples of Regional Subsidiaries exist, most are based on business functions such as waste management or exist to facilitate regional associations. EHA is the only example of an organisation fulfilling a group of councils Public Health legislative responsibilities in such a fashion.

The increasingly complex environmental health field encompasses elements of biological and chemical science, microbiology, sociology, epidemiology, food technology, health promotion, prevention of communicable diseases and general public health principles.

This diversity makes it extremely difficult for small organisations to have staff experienced and fully competent across all spheres of the profession.

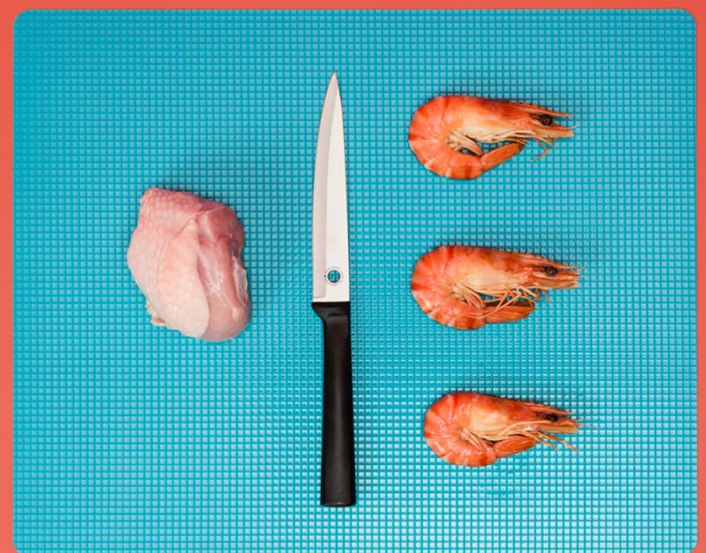
EHA's Core Business and single focus is Environmental Health. It is structured to ensure that specialised staff offer proficient delivery of all required Environmental Health services to its Constituent Councils. By having a critical mass of professional staff, EHA has increased flexibility to apply resources where and when needed and maintain continuity of services to cover for staff illness and staff turnover. The alternative is to have professionally unsupervised staff working in relative isolation.

Working cooperatively and regionally in this way provides other benefits which include being seen and considered as an expert in the field; the potential to investigate cross-council issues and implement broader health policies; having a greater voice when dealing with larger government bodies; having the required experience and ideas to deal with emerging issues; and the economies of scale that occur from the sharing of equipment, facilities and other resources.

I believe working within a structure that nurtures and supports effective collaboration helps promote a dynamic and committed workforce, where knowledge and value are continually created. In this regard the importance of the professional and peer support available to staff by experts and leaders in the field at EHA cannot be underestimated. The value of such support lies not only in the potential to build organisational capacity through the transfer or pooling of knowledge, but also in the assistance it provides in workforce retention and stability.

The Annual Report is an overview of the work we do and cannot detail the complexities and challenges we face when delivering our services. Looking back at the professional manner in which EHA staff have managed a high volume of complex issues and emergency investigations, whilst also managing our routine work makes me extremely proud and privileged to be the CEO of this organisation.

I sincerely thank all staff for their committed contributions to the organisation and to the Board of Management for their interest in Public Health and ongoing support to the staff of EHA.



## "Health is a human right, a vital resource for everyday life and a key factor of sustainability."

# Governance


## Board of Management 2015

EHA is a body corporate, governed by a Board of Management comprising of two elected members from each Constituent Council. The Board met six times during the year to consider EHA's business. The table below details Board Member attendance.

**Table 2** Number of meetings attended by individual Board Members.

| July 2014 – November 2014 | Board Member | Meetings Attended |
|---|---|---|
| City of Norwood Payneham & St Peters | Cr S Whitington | 2 |
| | Cr G Knoblauch | 2 |
| City of Burnside | Cr P Cornish | 1 |
| | Cr A Monceaux | 2 |
| Campbelltown City Council | Cr J Kennedy | 1 |
| | Cr M Ryan | 2 |
| City of Prospect | Cr K Barnett | 2 |
| | Cr A Dixon | 2 |
| Corporation of the Town of Walkerville | Cr C Wigg | 2 |
| | Cr S Bernardi | 0 |
| **November 2014 – June 2015** | **Board Member** | **Meetings Attended** |
| City of Norwood Payneham & St Peters | Cr S Whitington | 4 |
| | Cr G Knoblauch | 4 |
| City of Burnside | Cr P Cornish | 4 |
| | Cr A Monceaux | 4 |
| Campbelltown City Council | Cr J Kennedy | 3 |
| | Cr M Ryan | 3 |
| City of Prospect | Cr K Barnett | 3 |
| | Cr T Evans | 4 |
| Corporation of the Town of Walkerville | Cr M Bishop | 3 |
| | Cr D Shetliffe | 3 |

**Table 3** Number of times the Board of Management considered an item to be excluded from public discussion

During 2014-15, the Board considered one item where it was necessary to exclude the public from discussion. The table below identifies the grounds on which the Board made this determination.

| *Local Government Act 1999* | Description | Number of Times Used |
|---|---|---|
| Section 90(3)(a) | Information relating to the personal affairs of a person | one |

## Freedom of Information

Four requests for information under the Freedom of Information Act 1991 were received during 2014-15.

Three requests were reviewed and access to the requested documents within the scope of the applications were granted in full.

One request was received in June 2015 and at the time of this report it was being processed in accordance with the FOI Act.




# Board of Management as at 30 June 2015

### City of Norwood Payneham & St Peters

Cr Sue Whitington

(Chairperson)

Cr Garry Knoblauch

### Corporation of the Town of Walkerville

Cr Marylou Bishop

Cr David Shetliffe

### City of Burnside

Cr Anne Monceaux

(Deputy Chair)

Cr Peter Cornish

### Prospect City Council

Cr Kristina Barnett

Cr Talis Evans

### Campbelltown City Council

Cr Marijka Ryan

Cr John Kennedy

# Structure and Staffing

EHA comprises three functional areas – environmental health, immunisation and administration. The administration team, led by the Chief Executive Officer, supports the activities of the environmental health and immunisation teams. The Team Leader Environmental Health and Team Leader Administration and Immunisation have responsibilities for achieving the Annual Business Plan objectives relevant to their functional area.

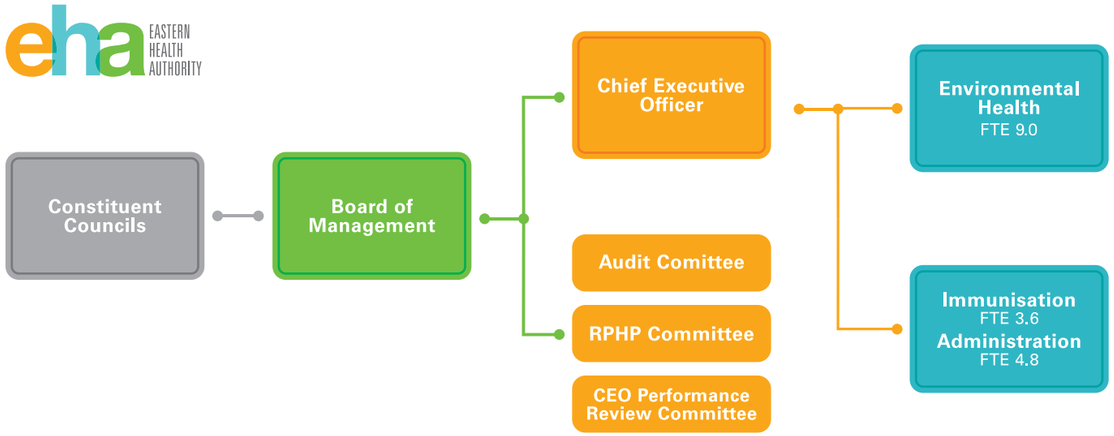
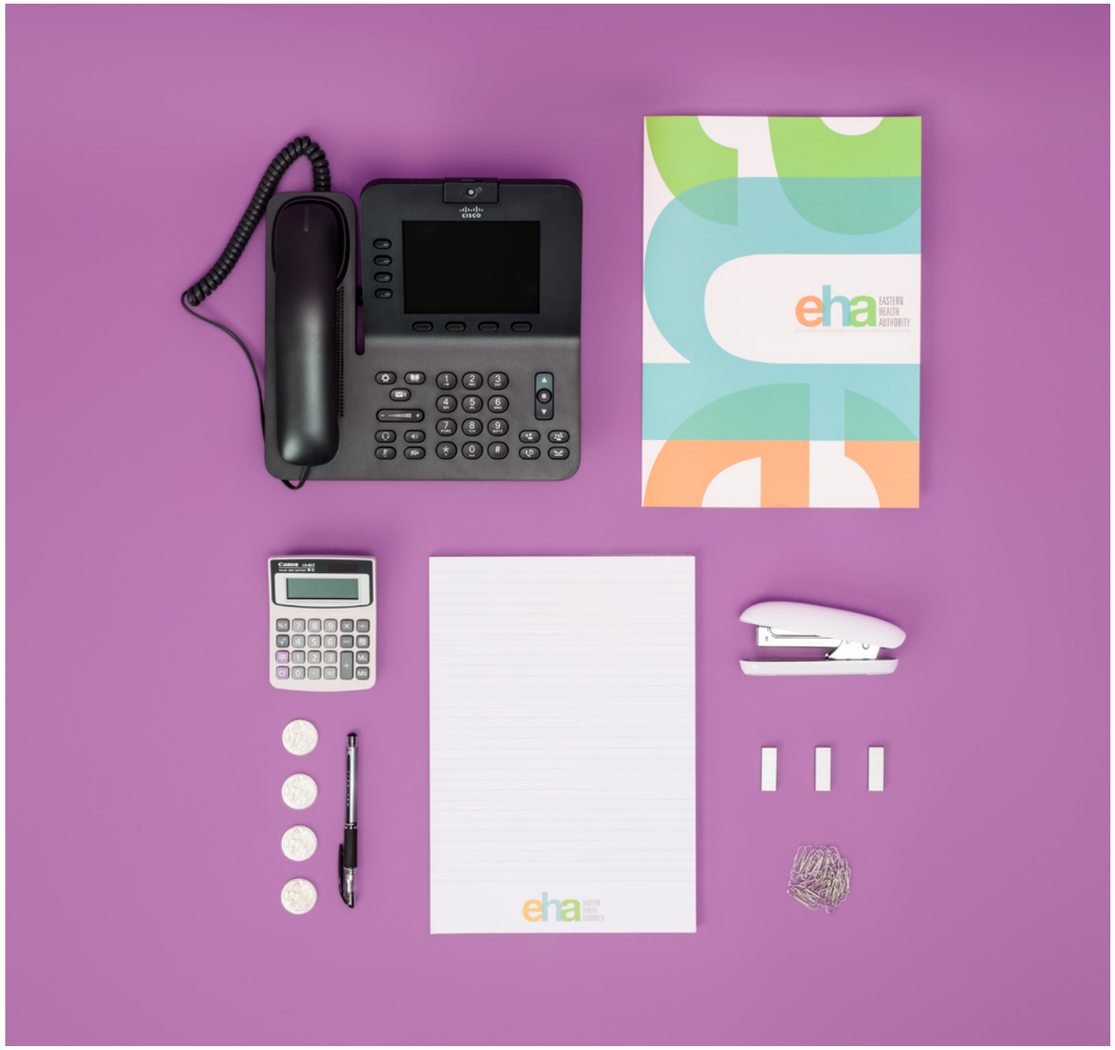



**Table** 4 Number of total employees and FTE as at 30 June 2015

Staffing as at 30 June 2015 comprised a total of 32 employees (18.4 FTE).

| | Total Number of Employees | FTE |
|---|---|---|
| Administration | 6 | 4.8 |
| Immunisation | 14 | 3.6 |
| Environmental Health | 11 | 9.0 |
| **Total** | **31** | **17.4** |





## Annual Business Plan

EHA develops an Annual Business Plan for the purpose of translating strategic directions into action and sets measures to assess its performance.

The core activities that have been undertaken to deliver on the objectives of the plan are detailed in this report.

## Charter Review

A review was undertaken and a revised Charter is currently being considered by the Constituent Councils.

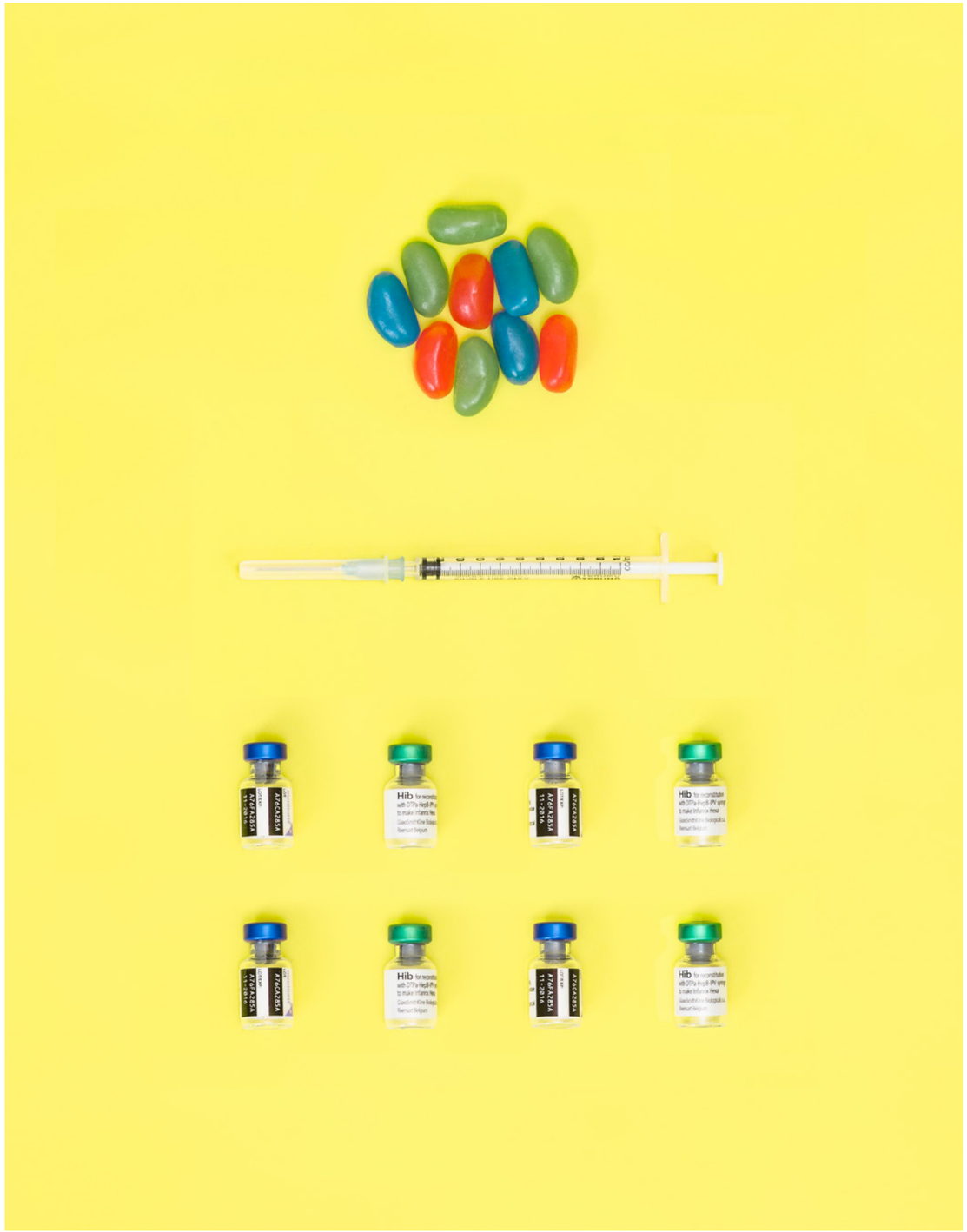
## Finance Audit Committee

Members of EHA's Audit Committee includes: Lisa Scinto, Presiding Member; Claudia Goldsmith, Independent Member; and Cr Talis Evans, Independent Member. The committee met on two occasions during the year. The Committee's work included reviewing the audited financial statements reviewing a draft long term financial plan and considering External Audit recommendations.

## Financial Statements

The Audited Financial Statements for the year ending 30 June 2015 are provided on page 40. They show an Operating Surplus of $112,674.

# Immunisation



**Immunisation continues to be a safe and effective way to prevent the spread of many life threatening infectious diseases.**

**EHA plays an important role in the maintenance of appropriate immunisation rates in the community through the delivery of its Public Clinics, Schools and Workplace Immunisation programs.**

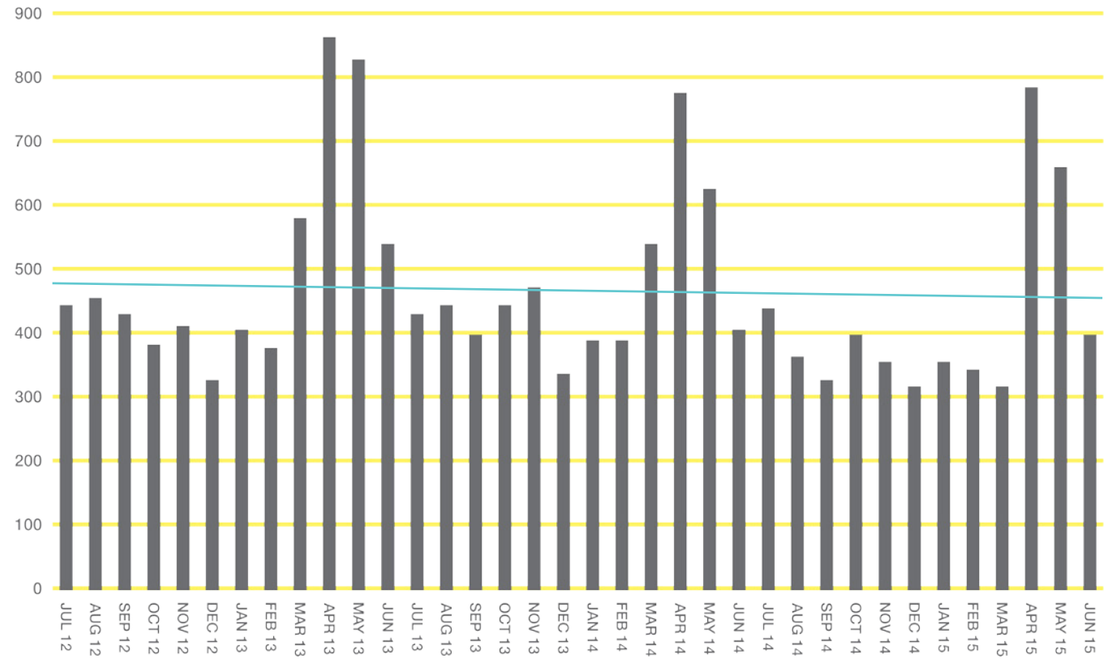
## Public Immunisation Clinics

EHA provides both appointment based and drop in public clinics to residents of its Constituent Councils and one client council. A range of clinic venues, days and times ensure convenient alternatives for our residents requiring immunisation.

A total of 5,105 clients were provided with 9,702 vaccinations. This was a decrease of 12% in comparison to 2013-14, with the main contributing factor being the delay in the delivery of the flu vaccine in March 2015.

EHA provided catch-up vaccination program appointments to 101 newly-arrived families from overseas. Records of immunisation are assessed and compared with the recommended Australian Immunisation Program Schedule. As a result of these appointments 91 children commenced catch up programs within our public clinics.

**Graph 1** A three year linear trend representation of the client attendance at the immunisation clinics



**Graph 2** A three year comparison of the number of vaccines delivered at public clinics

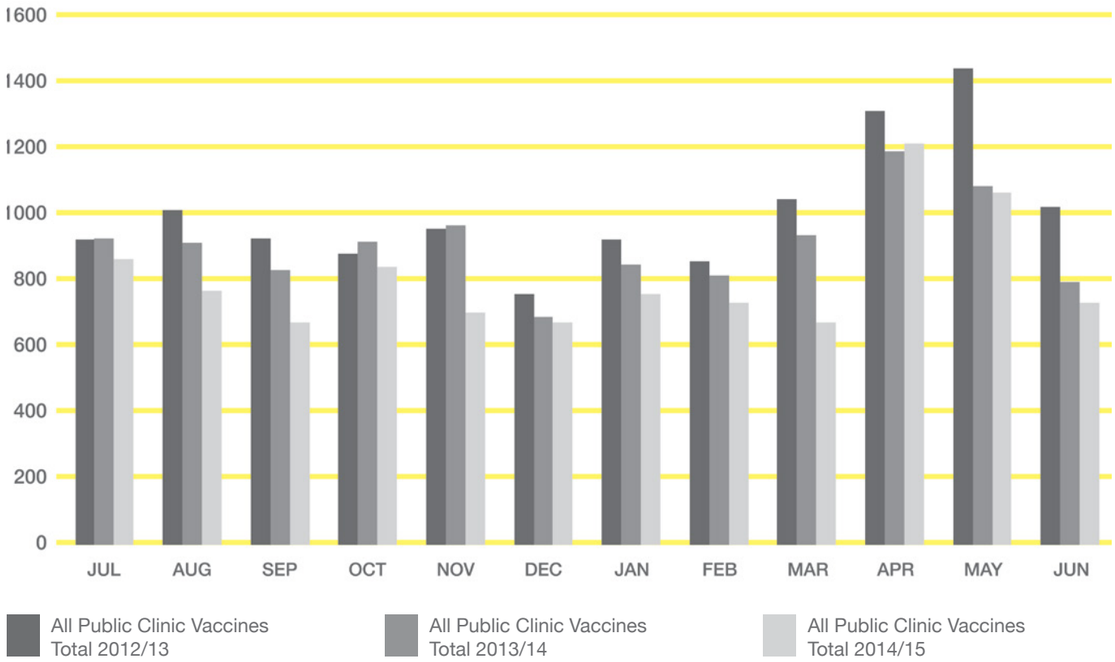





**Table 5** Where our clients choose to be vaccinated

| Where clients Come from (council area) | Number of Clients from council area | Where clients attended (clinic venue by %) | | | | | | Total % |
|---|---|---|---|---|---|---|---|---|
| | | Burnside | Campbelltown | NPSP | Prospect | Walkerville | Unley | |
| Burnside | 1,058 | 30% | 4% | 52% | 1% | 2% | 11% | 100% |
| Campbelltown | 1,196 | 5% | 30% | 59% | 1% | 2% | 3% | 100% |
| NPSP | 1,387 | 4% | 4% | 87% | 1% | 2% | 2% | 100% |
| Prospect | 276 | 3% | 1% | 50% | 37% | 7% | 2% | 100% |
| Walkerville | 200 | 3% | 1% | 67% | 2% | 26% | 1% | 100% |
| Unley | 743 | 8% | 2% | 24% | 0% | 2% | 64% | 100% |
| Other | 245 | 8% | 10% | 37% | 6% | 4% | 35% | 100% |
| Total Number of Clients | 5,105 | | | | | | | |

**Table 5 shows where our residents choose to be vaccinated. It demonstrates that many residents from each Constituent Council travel to other council clinics due to their suitability.**

**As an example 37% of Prospect residents chose to attend the clinic at Prospect while 50% attended the NPSP clinic and 7% attended the Walkerville clinic.**

In response to increasing incidents of *Pertussis* (whooping cough), the *Pertussis* vaccine was added to the National Immunisation Program Schedule in March 2015 for pregnant women in their third trimester.

Vaccination of pregnant women with the *Pertussis* vaccine (Boostrix or Adacel) has been shown to be effective in preventing *Pertussis* in newborn infants via the transfer of maternal antibodies in utero.

It is pleasing to note that although there has been an increase of 4,974 (46%) *Pertussis* cases in Australia compared to 2013-14, the increase in the Constituent Council areas has been much lower (8%).

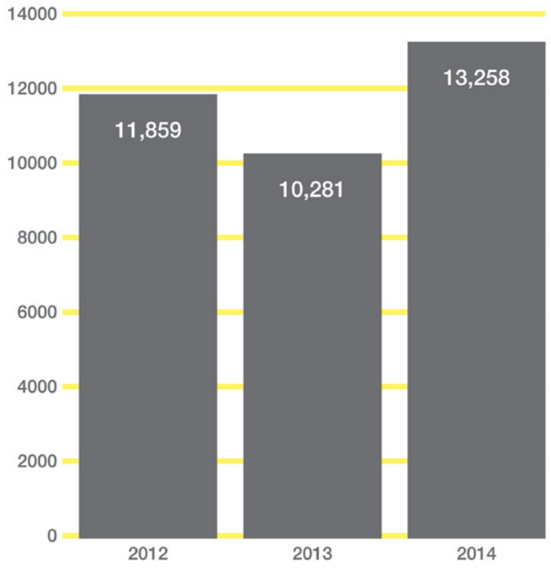
# School Based Immunisation Program (2014 Calendar year)

During the 2014 school based immunisation program (SBIP), 77 visits were made to 21 high schools where a total of 13,258 vaccines were administered to Year 8 and 9 students. This was an increase of 2,977 (29%) when compared to the previous year and was a result of a change in the National Immunisation Program for Year 8 students, expanding the HPV vaccine to include male students and the addition of the dTpa vaccine.

**The 2014 SBIP involved administering:**

- three doses of Human Papillomavirus (HPV) vaccine to all Year 8 students
- one dose of Varicella (chicken pox) vaccine to all Year 8 students
- one dose of dTpa vaccine to all Year 9 students
- three doses of Human Papillomavirus (HPV) vaccine to Year 9 male students

**Graph 3** A three year comparison of total vaccines administered at schools within the Constituent Council areas*




## Table 6 compares the vaccine types delivered for the SBIP in 2013 and 2014 for each Constituent Council area.

**Table 6** A two year comparison of vaccine types administered for the SBIP for 2013 & 2014*

| Council Area | Hep B 2013 | VZV 2013 | VZV 2014 | HPV 2013 | HPV 2014 | dTpa 2013 | dTpa 2014 | Total 2013 | Total 2014 |
|---|---|---|---|---|---|---|---|---|---|
| Burnside | 582 | 191 | 344 | 1,398 | 2,093 | 522 | 1,084 | 2,693 | 3,521 |
| Campbelltown | 714 | 234 | 328 | 1,309 | 2,096 | 441 | 925 | 2,698 | 3,349 |
| NPSP | 684 | 180 | 349 | 1,430 | 2,283 | 491 | 1,013 | 2,785 | 3,645 |
| Prospect | 208 | 90 | 118 | 418 | 778 | 148 | 281 | 864 | 1,177 |
| Unley | 254 | 49 | 147 | 482 | 197 | 163 | 361 | 948 | 705 |
| Walkerville | 62 | 20 | 36 | 158 | 702 | 53 | 123 | 293 | 861 |
| **Total** | **2,504** | **764** | **1,322** | **5,195** | **8,149** | **1,818** | **3,787** | **10,281** | **13,258** |

**Table 7** A three year comparison of the number of school visits*

| | 2012 | 2013 | 2014 |
|---|---|---|---|
| **School Visits** | 61 | 79 | 77 |
| **Number of Schools** | 22 | 22 | 21 |

## Table 7 shows the number of school visits provided for the SBIP. The number of school visits fluctuates with changes in the National Immunisation Program.

*Figures relating to Adelaide City Council have been removed for comparative purposes



# Worksite Immunisation Program

EHA is committed to providing a competitive and efficient service to enable workplaces to immunise their staff against the Seasonal Influenza Virus.

The late arrival of the Influenza vaccine in March 2015 due to issues with the manufacturing process affected all suppliers. This placed significant pressure on EHA staff to deliver the worksite program in a condensed time frame.

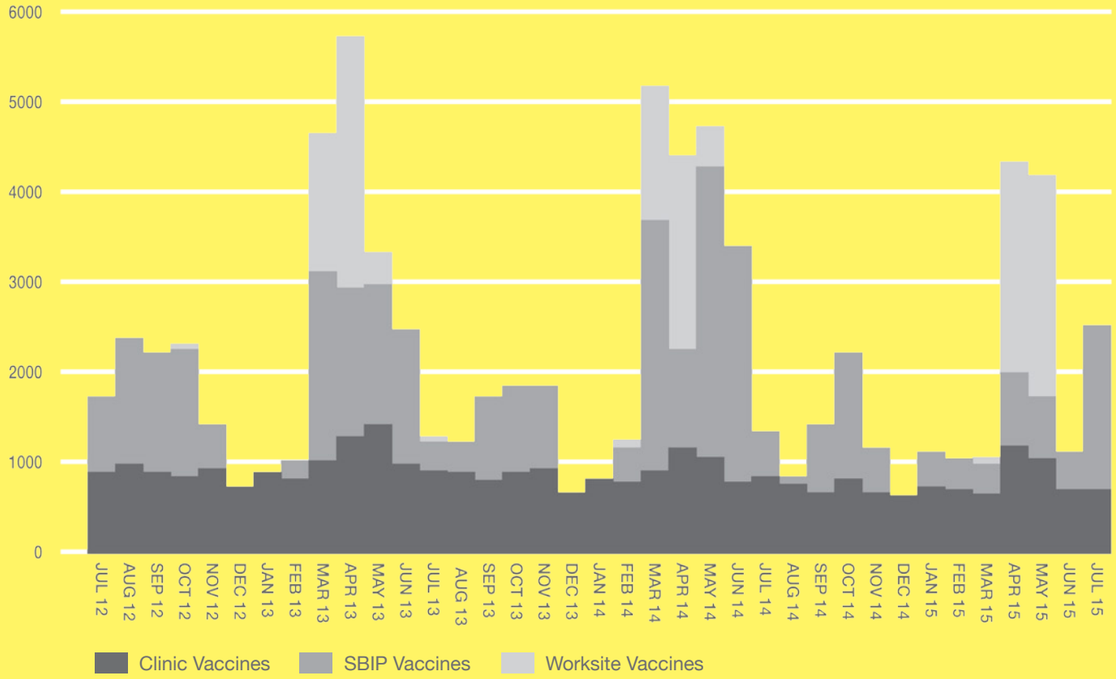
Between 31 March 2015 and 4 June 2015 a total of 98 worksite visits were delivered. The total number of vaccines administered increased by 762 (18%) to 4,900 compared with the previous year (Table 8).

There was an increased interest in dTpa vaccine by many workplaces providing care for infants as well as the increased uptake from staff of the influenza vaccine.

**Table 8** A three year comparison of the total number of vaccines administered at worksites

| Vaccine type | 2012-13 | 2013-14 | 2014-15 |
|---|---|---|---|
| Influenza | 4,679 | 4,019 | 4,775 |
| Hepatitis A | 0 | 15 | 2 |
| Hepatitis B | 34 | 1 | 3 |
| Hepatitis A & B | 23 | 74 | 42 |
| dTpa | 32 | 29 | 78 |
| **Total** | **4,768** | **4,138** | **4,900** |

**Graph 4** A three year comparison of the combined demand for all immunisation services



# Public and Environmental Health

# Introduction

**“The world is changing and public health issues are evolving as our societies diversify.”**

Environmental Health addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes behaviour not related to environment, as well as behaviour related to the social and cultural environment, and genetics.’–
World Health Organisation (WHO), 2012.

The world is changing and public health issues are evolving as our societies diversify. *The South Australian Public Health Act 2011* aims to provide a modernised, flexible, legislative framework to respond to both traditional and contemporary public health issues.

## Complaints and Referrals

EHA received 269 public health related complaints/referrals from the public or State Government agencies. As outlined in Table 9 the number received represents a small decrease (8%) when compared to 2013-14.

Decreases in animal keeping, air quality and hazardous substances complaints were noted. The number of complaints in these three categories this year is comparable to 2012-13 figures (Table 9).

The number of sanitation complaints received is comparable to the previous year (Table 9). A high proportion of these complaints (69%) related to excessive vegetation and accumulation of materials and did not constitute ‘harm to health’ under the *SA Public Health Act, 2011*.

In five hoarding and five severe domestic squalor matters investigated by Officers, a breach of the General Duty under the *SA Public Health Act, 2011* was determined.

These cases were all managed using the Foot in the Door – Stepping towards solutions to resolve incidents of severe domestic squalor in South Australia (A Guideline). The application of the Guidelines allowed for a multi-disciplinary approach to be taken by EHA and other Government and non-Government agencies to resolve where possible the issue of squalor and hoarding.

Two *SA Public Health Act 2011* Notices to secure compliance with the General Duty, Section 92(1)(a) of the *SA Public Health Act 2011*, involving a serious state of severe domestic squalor were issued. With the assistance from Government and non-Government agencies, there was voluntary action to remedy the squalid conditions.

EHA continues to lead the Eastern Hoarding and Squalor Group (the Group). The Group continued into its third successful year and met four times. The purpose of the Group is to provide a collaborative forum for Environmental Health Officers (EHOs) representing nine Eastern Metropolitan Councils and representatives from Government and non-Government agencies to discuss squalor and hoarding and services and resources available to resolve these issues. A total of 104 vector control complaints were received which was comparable to the previous two years (Table 9). As represented in Graph 5, 86% related to rodent activity. Overgrown vegetation, accumulated refuse or poor poultry keeping were the common reasons residents complained about rodent activity.

**Graph 5** A graph illustrating the proportion of the types of vector control complaints received

Where EHOs do not have substantial evidence to identify the primary source of harbourage, information is issued to neighbouring homes. Letters have been effective in notifying neighbouring residents of potential issues.

Seven complaints involving mosquitoes were received during the year. It was necessary to issue a preliminary Notice to Secure Compliance with the General Duty where inadequate measures were taken by the property owner to prevent the breeding of mosquitoes.

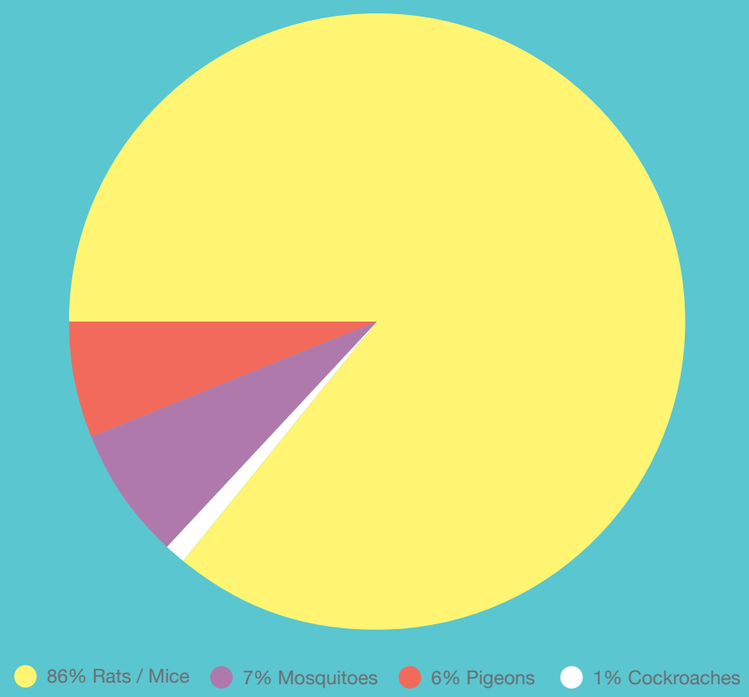



**Table 9** A three year comparison of the type of public health complaints received

| | 2012-13 | 2013-14 | 2014-15 |
|---|---|---|---|
| **Animal Keeping** | 11 | 17 | 12 |
| **Notifiable Disease** | 29 | 29 | 32 |
| **Sanitation** | 45 | 73 | 71 |
| **Vector Control** | 97 | 105 | 104 |
| **Waste Control** | 0 | 0 | 0 |
| **Air Quality** | 13 | 30 | 20 |
| **Water Quality** | 17 | 18 | 23 |
| **Hazardous Substances** | 2 | 12 | 6 |
| **Other** | 6 | 8 | 1 |
| **Total** | **220** | **292** | **269** |

**Table 10** A three year comparison of the types of hazardous waste complaints received

| Type of Complaints | 2012-13 | 2013-14 | 2014-15 |
|---|---|---|---|
| **Asbestos** | 0 | 6 | 2 |
| **Clandestine Laboratory** | 1 | 4 | 2 |
| **Collection of Syringes** | 1 | 2 | 2 |

There were six hazardous waste complaints involving the investigation of two asbestos issues, two clandestine drug laboratories and the collection of syringes at two properties (Table 10). One complaint involved a Category A Clandestine Drug Laboratory operating at a premises which was under construction to become a food business. The improved powers and tools under the *SA Public Health Act, 2011*, enabled EHOs to issue an immediate verbal emergency Notice preventing entry to the premises. This verbal Notice was followed by a confirmation of the emergency Notice specifying the requirements to ensure the premises were no longer a risk to public health which included decontamination and testing.

**Table 11** A three year comparison of the number of reported notifiable diseases

The *SA Public Health Act 2011* prescribes a list of diseases that are notifiable to SA Health Communicable Disease Control Branch (CDCB) (Table 11). Notification of these diseases allow for surveillance and investigation to be undertaken to protect the community from the risk of infectious disease.

| | 2012-13 | 2013-14 | 2014-15 |
|---|---|---|---|
| ***Campylobacter*** | 199 | 188 | 154 |
| ***Salmonella*** | 70 | 110 | 144 |
| ***Legionellosis*** | 3 | 4 | 0 |
| ***Cryptosporidiosis*** | 8 | 27 | 13 |
| **Hepatitis A** | 0 | 0 | 0 |
| **Rotovirus** | 36 | 27 | 31 |
| **Pertussis** | 52 | 38 | 41 |

**"There has been a considerable increase of *Salmonella* over the last two years. This is consistent with a state wide increase in cases."**

*Salmonella* and *Campylobacter* continue to remain the most frequently reported food borne diseases. There has been a considerable increase in confirmed cases of *Salmonella* over the last two years. This is consistant with a statewide increase in cases.

EHA's EHOs pay particular attention to the safe handling of raw eggs during Food Safety Assessments. Despite these efforts, 35 cases of *Salmonella* linked to six food businesses required investigation. It appears that the majority of outbreaks were a result of the consumption of contaminated raw egg contained in uncooked or lightly cooked foods. Storage of food containing raw eggs at inappropriate temperatures which permits the growth of *Salmonella* may have been a contributing factor together with cross-contamination during food preparation (i.e. transfer of *Salmonella* from the surface of the egg to other surfaces and/or foods).

Two people who contracted the *Cryptosporidiosis* infection swam in public swimming pools within EHA's Constituent Councils whilst infected. CDCB requested a 'precautionary' investigation of these pools be undertaken. Both public pool sites involved were connected to an Ultra Violet (UV) system. The investigation revealed that the UV system at one pool site was disconnected for a short period of time due to maintenance. It was during this period the confirmed case swam in the pool. A precautionary decontamination was consequently undertaken. The pool was reopened for public use following the confirmation that levels of chlorination were within the parameters set by the *SA Public Health (General) Regulations 2013*. No further confirmed cases were received and no further action was required.

# Monitoring and Surveillance

## Cooling Towers and Warm Water Systems

A total of 51 high-risk manufactured water systems (HRMWS) were registered at 25 sites within EHA. This number of systems and sites has steadily decreased over a three year period (Table 12). The decrease can be attributed to the conversion of warm water systems to hot water systems, which minimises the risk of *Legionella* and are no longer classified as a HRMWS under the new *SA Public Health (Legionella) Regulations 2013*.

A total of 23 cooling towers and 41 warm water systems were inspected (Table 12). Ten follow-up inspections were required at six cooling towers and two warm water sites due to inadequate staff training and missing documentation.

Samples taken from routine water testing resulted in 13 high counts of *Legionella*, representing a 46% and 72% decrease when compared to 2013-14 and 2012-13 respectively (Table 12).

At one site the continuous dosing of the water supply with a low level of chlorine was introduced in 2013. This site, which was previously responsible for a large number of high counts was primarily responsible for the decrease in high counts. The last reported high count received was in September 2014, suggesting the dosing at supply has been successful in limiting the growth of *Legionella*.

In response to high count notifications, the responsible persons were contacted and immediate action was taken to shut down and decontaminate the systems. Retesting was carried out to ensure decontamination was successful.

There were no *Legionella* disease notifications received from CDCB.

Three Compliance Notices under the *SA Public Health Act 2011* were issued to two cooling tower sites for failing to comply with the *SA Public Health (Legionella) Regulations 2013*. Non-compliance issues were related to inadequate system plans and procedures, access to cooling towers and biocide failing to circulate throughout the system within specified timeframes.

**Table 12** A three year comparison of the number or registered high risk manufactured water systems and the number of routine and follow-up inspections undertaken and *Legionella* high count test results

*Decrease in number of HRMWS inspections due to significant number of cooling towers de-registered during 2012-13.

| | 2012-13 | 2013-14 | 2014-15 |
|---|---|---|---|
| **Number of Sites** | 49 | 31 | 25 |
| **Total number HRMWS registered*** | 81 | 61 | 51 |
| **Number of system inspections** | 64 | 57 | 64 |
| **Number of follow-ups** | 4 | 1 | 8 |
| **High count test results** | 47 | 24 | 13 |
| **Compliance notices** | 0 | 2 | 3 |
| ***Legionella* disease notifications from CDCB** | 5 | 4 | 0 |



## Public Swimming Pools and Spas

A review of the inspection frequency of public swimming facilities was undertaken during the year due to limited officer availability. It was determined that outdoor pools would be inspected annually unless there was a history of non-compliance in which case they would be inspected two times per year. Indoor swimming pools and spas continue to be inspected twice a year. The decision was based on outdoor swimming pools being open to the public for a shorter period of time (late spring and summer) in comparison to indoor spas and pools available for use throughout the year.

All swimming, spa and hydrotherapy pools located at 32 sites (Table 13) were assessed against the standards prescribed in the *SA Public Health (General) Regulations 2013*. A total of 10 sites required follow-up inspections, with three sites requiring three or more follow-up inspections.

Three complaints involving two pool sites were received regarding unclean change rooms and showers and a bather experiencing skin irritation after swimming in a pool (Table 13). All complaints were investigated and the standard of cleanliness and the disinfection levels were satisfactory.

Compliance Notices under the *SA Public Health Act 2011* were issued to three sites for failing to comply with the Regulations. Non-compliance issues related to failing or malfunctioning auto-dosing equipment, insufficient record keeping and inadequate disinfection levels.

**Table 13** A three year comparison of the number of routine and follow-up inspections conducted at spas, swimming, and hydrotherapy pools, and the number of *Cryptosporidiosis* notifications received

| | 2012-13 | 2013-14 | 2014-15 |
|---|---|---|---|
| **Number of Sites** | 29 | 29 | 30 |
| **Number of Pools/Spas** | 42 | 42 | 43 |
| **Inspections Number of Pools/Spas** | 44 (29 sites) | 58 (29 sites) | 71 (32 sites) |
| **Follow-ups of Pools/Spas** | 10 (7 sites) | 16 (8 sites) | 20 (10 sites) |
| **Complaints** | 4 | 1 | 6 |
| ***Cryptosporidiosis* notifications** | 1 | 0 | 3 |

Following a routine inspection a Compliance Notice was issued to an indoor pool/spa site for failing to comply with the *SA Public Health (General) Regulations 2013*. The malfunctioning of the electronic analysing and dosing equipment resulted in high pH and combined chlorine levels. The pool and spa was closed for a period of 10 days requiring three consecutive follow-up inspections to ensure compliance. During this time Officers identified that cyanuric acid was added to the indoor pool which is prohibited under the *SA Public Health (General) Regulations 2013*. Advice and recommendations were sought from SA Health to account for this error. Officers requested the pool operators undergo training to improve their skills and knowledge and maintain pool records and detail corrective actions.

## Waste Control Systems

EHA assessed two new waste control system applications involving grey water and a septic system with sub surface effluent disposal against the *SA Public Health Act (Wastewater) Regulations 2013.*

One application related to the installation of a permanent grey water system. The application was referred to SA Health, Office of Technical Register and the Constituent Council for review and comment. A review of the soil report and site plan was conducted and the application was approved, subject to conditions outlined in the approval notice.

No complaints were received during the reporting period.

## Personal Grooming, Body Art and Health Care

There are no formal requirements for business operators to notify Local Government that they are conducting an activity that is regulated under the *SA Public Health (General) Regulations 2013*. The absence of a formal notification process hinders the ability for councils to maintain an accurate register of the number of personal care and body art (PCBA) premises. During the year a review of the PCBA register was conducted. This involved manually checking EHA's PCBA register with the telephone directory. This method is resource intensive and difficult to keep up to date. As shown in Table 14 there was an increase in the number of acupuncturists, tattooists and beauty premises following the review of the PCBA register.

**"there was an increase in the number of acupuncturists, tattooists and beauty premises following the review of the PCBA register."**



**Table 14** A comparison of the number of PCBA premises prior and after the review

| | Acupuncture | Tattooist | Beauty |
|---|---|---|---|
| **Previous PCBA register** | 11 | 4 | 85 |
| **Current PCBA register** | 20 | 7 | 109 |

**"Tattooists' procedural knowledge and standard of cleanliness was consistently satisfactory."**

All acupuncturists and tattooists, including premises recently identified were inspected during the year. The level of compliance with the Regulations was of a high standard amongst all acupuncturists. However, Officers identified many acupuncturists were unclear of their immunisation status for Hepatitis B. Educational material was distributed and recommendations were made for staff to check their immunisation status and if required obtain a booster vaccination.

Tattooists' procedural knowledge and standard of cleanliness was consistently satisfactory. During this year's routine inspections it was found that all but two tattoo premises use single-use equipment to minimise the spread of infection. Two tattoo premises continue to use re-usable equipment. Both of these premises required calibration records of the autoclave to ensure re-usable skin penetration equipment is effectively sterilised.

A total of five complaints were received regarding inappropriate hygiene practices and a poor standard of cleanliness at four beauty premises. Three of these premises required further follow-up inspections. Education and information on best practice and reference to the Guidelines on the Safe and Hygienic Practice of Skin Penetration were provided. One complaint was received alleging a tattooist was inappropriately disposing waste materials into a kerbside council bin.

# Food Safety



# Food Safety Inspections, Complaints, Audits and Enforcement

EHA administers the *Food Act 2001* in conjunction with the Food Safety Standards to protect the public from food borne illness and associated risks. Illnesses caused by the sale and consumption of unsafe food are preventable through education, regulation and intervention from EHOs during regular inspections and audits. Consumers have the right to expect the food they eat is protected from microbiological contamination, free from foreign matter and is not subjected to poor food handling practices. As a regulator of food hygiene and safety, EHA is committed to ensuring that proper food safety standards are applied through appropriate surveillance and enforcement.

## Food Safety Inspections

As at 30 June 2015, a total of 1,240 known food premises were operating within EHA's jurisdiction, which is a small increase (32) when compared to the previous year. Takeaways, cafes, and restaurants continue to be the predominant types of food businesses.

Although there was a small increase in the number of food businesses, the food business register required continual updating due to new notifications and closures. During the year, 83 businesses closed and 187 food business notifications, advising of a new food business or change of ownership, were lodged with EHA.

The commencement of the South Australian Food Business Risk Classification (FBRC) profiling framework (the Framework) took effect from 1 July 2014. The Framework is designed to provide a tool to classify business types on the basis of food safety risk. The Framework reflects the risks inherent to the product/process, risk controls, as well as association of the risk with past food borne illness outbreak information.

The Framework allows classification of food businesses or industry sectors into one of four priority risk categories. These range from the highest risk priority P1, through to the lowest risk priority P4.

A minimum and maximum inspection frequency range is applied to each risk classification. The frequency range allows for inspections to either be increased or decreased depending on whether compliance is satisfactory during the inspection.

Food businesses classified as P4 are considered 'low risk' as the types of food handled are unlikely to contain pathogenic organisms and does not undergo any further processing. The majority of these foods are shelf stable and pre-packaged. These businesses are inspected upon notification to determine whether there has been a change in activity or a complaint has been received.

As shown in Table 15, the majority of food businesses are risk classified as P1, with takeaways and restaurants being the main types of businesses within this classification.

**Table 15** Number of food businesses, food inspections and follow-up inspections as per risk classification

| | P1 | P2 | P3 | P4 | Total |
|---|---|---|---|---|---|
| **Number of food businesses** | 633 | 355 | 60 | 192 | 1,240 |
| **Routine inspections** | 535 | 279 | 26 | 0 | 840 |
| **Follow-up inspections** | 371 | 103 | 5 | 1 | 480 |

**Table 16** The percentage of businesses routinely inspected as per their risk classification

With the exclusion of P4 businesses, a total of 1,048 food premises are required to be inspected. A total of 1,435 inspections were undertaken, of which 840 were routine inspections and 480 were follow-up inspections (Table 17).

As represented in Table 16, high risk P1 businesses accounted for the largest proportion of routine inspections undertaken.

| | P1 | P2 | P3 |
|---|---|---|---|
| **Estimated number of businesses routinely inspected** | 535 | 279 | 26 |
| **Estimated % of businesses routinely inspected** | 85 | 79 | 43 |

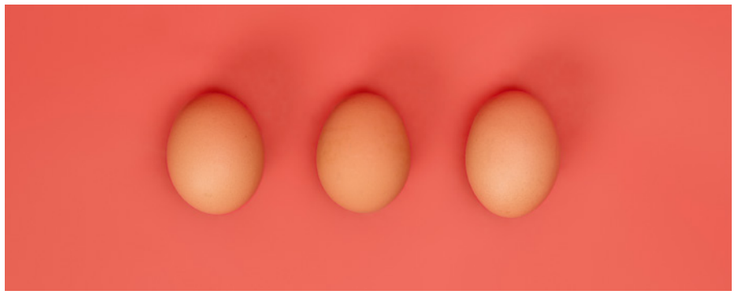


**Table 17** A three year comparison of the number of routine, follow-up and fit-out inspections undertaken and complaints received

EHA's food safety enforcement philosophy is to conduct thorough routine inspections and follow-up inspections to ensure non-compliances are rectified and appropriate food safety standards are maintained. Routine and follow-up inspections are opportunities for EHOs to provide advice and information to food businesses, to ensure food safety practices are implemented daily and permanently.

There was a 14% decrease in the number of follow-up inspections conducted when compared to the previous year (Table 17). This reduction is pleasing to note and believed to be associated with previous work to improve standards in food businesses.

| Type of Inspection | 2012-13 | 2013-14 | 2014-15 |
|---|---|---|---|
| **Routine** | 675 | 780 | 840 |
| **Follow-up** | 428 | 555 | 480 |
| **Complaint** | 83 | 82 | 98 |
| **Pre-opening/Fit-out** | 21 | 9 | 17 |
| **Total** | 1,207 | 1,426 | 1,435 |

**Table 18** the percentage of businesses requiring a follow-up inspection as per their risk classification

The number of businesses requiring a follow-up inspection has a direct correlation with the inherent risk of the particular premise as represented in Table 18.

| | P1 | P2 | P3 |
|---|---|---|---|
| **Estimated number of businesses requiring follow-ups** | 371 | 103 | 5 |
| **Estimated % of businesses requiring follow-ups** | 57 | 29 | 8 |



# Enforcement

Despite the educative approach and opportunity for food businesses to improve their knowledge and onsite practice, repeated non-compliance continues and further legal action is required in some instances. Legal action may take the form of written warnings, Improvement Notices, Prohibition Orders, Expiations or Prosecutions.

EHA's enforcement policy allows for a graduated and proportionate response to be applied to either re-occurring or very serious food safety breaches. Graph 6 demonstrates the graduated response to enforcement.

The vast majority of businesses requiring legal action were P1 (high risk businesses). Table 19 details the number of businesses requiring a form of legal action according to their risk category.

**Table 19** Legal action taken as per risk classification

| | P1 | P2 | P3 |
|---|---|---|---|
| **Warning Letter** | 18 | 1 | 0 |
| **Improvement Notices** | 81 | 14 | 1 |
| **Offences Expiated** | 39 | 0 | 0 |
| **Prohibition Orders** | 2 | 1 | 0 |

## Graph 6
## A graph illustrating the graduated response to enforcement under the *Food Act 2001*


As shown in Table 20, there was a significant decrease in the total number of Improvement Notices issued. The percentage of inspections resulting in an Improvement Notice halved from 12% to 6% when compared to 2013-14.

Improvement Notices still accounted for the majority of enforcement action taken with a total of 96 Improvement Notices issued to 69 food businesses (Table 20).

**Table 20** A three year comparison of the percentage number of Improvement Notices issued based on the number of routine inspections

| | 2012-13 | 2013-14 | 2014-15 |
|---|---|---|---|
| **Routine inspections** | 675 | 780 | 840 |
| **Total number of Improvement Notices issued** | 61 | 138 | 96 |
| **Number of businesses issued with Improvement Notices** | 47 | 94 | 69 |
| **% of businesses requiring Improvement Notices** | 7% | 12% | 6% |

Improvement Notices are used as a tool to improve compliance. However 18 food businesses have received at least one notice in each of the past three years. Seven of these were issued an Expiation Notice due to the continual history of non-compliance.

A total of 18 Expiation Notices accounting for 39 offences were issued (Table 21). This represents a 26% decrease in the number of expiation offences issued when compared to the previous year. It should be noted that only 2.1% of routine inspections resulted in Expiation Notices being issued (Table 22).

Table 23 provides a comparison of the number of offences expiated for breaches of the *Food Act 2001* over the past three years. It demonstrates that a poor standard of cleanliness continues to be the most common expiable offence.

**Table 21** A three year comparison of the number of Expiation Notices issued, total number of expiable offences and expiable income received

| | 2012-13 | 2013-14 | 2014-15 |
|---|---|---|---|
| **Total number of Expiation Notices issued** | 25 | 27 | 18 |
| **Total number of Expiable Offences** | 37 | 53 | 39 |
| **Total amount** | $74,050 | $101,000 | $80,000 |

**Table 22** A three year comparison of the percentage of Expiation Notices issued per routine inspection

| | 2012-13 | 2013-14 | 2014-15 |
|---|---|---|---|
| **Routine inspections** | 675 | 780 | 840 |
| **Number of businesses issued with Expiation Notices** | 20 | 27 | 18 |
| **Expiation Notices as % of inspections** | 2.9% | 3.5% | 2.1% |

**Table 23** A three year comparison of the types of expiation offences issued for breaches under the *Food Act 2001*

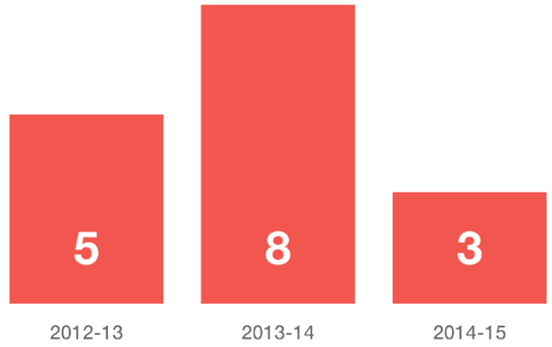
| Offence Type | 2012-13 | 2013-14 | 2014-15 |
|---|---|---|---|
| Food past its use by date | 1 | 3 | 3 |
| Skills and knowledge | 1 | 0 | 0 |
| Food storage | 4 | 10 | 6 |
| Food processing | 0 | 3 | 1 |
| Food display | 1 | 1 | 1 |
| Health and hygiene of food handlers | 2 | 4 | 4 |
| General duties of food business | 1 | 0 | 0 |
| Cleanliness | 20 | 23 | 19 |
| Cleaning and sanitising | 1 | 1 | 0 |
| Maintenance | 1 | 0 | 1 |
| Animals and pests | 1 | 1 | 2 |
| Storage of garbage | 1 | 0 | 0 |
| Failure to comply with an Improvement Notice | 3 | 6 | 2 |
| **Total** | **37** | **52** | **39** |

The requirement to issue Prohibition Orders to food businesses decreased when compared to the previous two years (Graph 7). Prohibition Orders were served to two restaurants for serious offences relating to significant vermin and cockroach activity, and a food vehicle for poor structural suitability. Alterations to the vehicle have not been made and the Prohibition Order remains.

Notifications of 17 cases of confirmed *Salmonella typhimurium* phage type 44 were received from CDCB implicating a food premise in EHA's jurisdiction. Nine of these cases consumed eggs at the premise in question. During the investigation Officers observed a serious infestation of cockroaches, a poor standard of cleanliness, unsafe storage of food, unsafe food handling practices and inadequate supply of soap to the hand washing facility. A Prohibition Order under s46 (1) of the *Food Act 2001* was served. The Prohibition Order directed the owner to engage a pest controller, improve the standard of cleanliness, ensure food is safely stored and handled and ensure soap is provided to the hand washing facility.

The food business was closed for an extended period until a Certificate of Clearance was issued. A structural Improvement Notice and an Expiation Notice accounting for three offences under s21(1) of the *Food Act 2001* was issued to the proprietors of the business. While the statistical probability based on epidemiological analysis was extremely high, the investigation into the outbreak could not definitively confirm the source of contamination.

**Graph 7** A three year comparison of the number of Prohibtion Orders issued



# Audits

Food businesses serving food to vulnerable populations, including hospitals, aged care facilities, child care centres and delivered meal organisations are captured under Food Safety Standard 3.3.1. This Standard requires food businesses to comply with Food Safety Standard 3.2.1, requiring the implementation of a documented and audited food safety program (FSP).

As shown in Table 24, a total of 53 scheduled food safety audits and 10 follow-up audits were conducted within EHA's jurisdiction during the year. A total of 30 audits were conducted outside of EHA's council areas by request.

**Table 24** A three year comparison of the number of audits and follow-up audits conducted in our Constituent Councils and other council areas

| | 2012-13 | | 2013-14 | | 2014-15 | |
|---|---|---|---|---|---|---|
| | EHA | Other Council Areas | EHA | Other Council Areas | EHA | Other Council Areas |
| **No. of audits** | 48 | 20 | 52 | 42 | 53 | 30 |
| **No. of follow-up audits** | 15 | 3 | 8 | 2 | 10 | 7 |

# Complaints

As shown in Table 25, EHA received a total of 112 food complaints, with 31% of these complaints proven to be justified. These figures are comparable with the previous two years. The small percentage of justified complaints may be attributed to the limited evidence provided by the complainant, varied potential sources of alleged food poisoning and the difficulty of observing poor food handling practices due to officer presence.

Alleged food poisoning accounted for a signficant portion (28%) of food complaints, which is consistent with the previous two years (Table 26).

Six complaints relating to potential chemical contamination of food were received compared to none received in the previous two years (Table 26). Following investigations, one complaint identified that following the application of a food grade sanitiser, the food handlers failed to rinse the food contact surfaces, despite the manufacturer's instructions. Whilst the incorrect application of the food grade sanitiser could not definitively be related to the complaint, the approved process was required to prevent the potential contamination of food.

**Table 25** A three year comparison of the number of food complaints received

| | 2012-13 | 2013-14 | 2014-15 |
|---|---|---|---|
| **Number of food complaints** | 117 | 117 | 112 |
| **Number of food complaints justified** | 38 | 35 | 31 |
| **% of justified complaints** | 32% | 30% | 28% |



**Table 26** A three comparison of the number of food complaints received

| Type of complaints received | Total number of complaints received 2012-13 | Total number of complaints received 2013-14 | Total number of complaints received 2014-15 | Number of complaints justified/confirmed 2014-15 |
|---|---|---|---|---|
| **Food unsuitable/unsafe due to foreign matter** | 16 | 13 | **15** | **5** |
| **Food unsuitable/ unsafe due to microbial contamination/growth** | 14 | 21 | **13** | **3** |
| **Food unsuitable/ unsafe due to presence of unapproved or excessive chemical residues** | 0 | 0 | **6** | **1** |
| **Alleged food poisoning** | 30 | 34 | **27** | **1** |
| **Confirmed food poisoning** | 6 | 6 | **4** | **2** |
| **Unclean premises** | 7 | 7 | **6** | **1** |
| **Poor personal hygiene or poor food handling practices** | 12 | 13 | **10** | **4** |
| **Vermin/insects/pests observed in premises** | 8 | 3 | **5** | **4** |
| **Refuse storage** | 14 | 13 | **19** | **6** |
| **Labelling issues** | 2 | 1 | **1** | **0** |
| **Other** | 8 | 6 | **6** | **4** |
| **Total** | **117** | **117** | **112** | **31** |

# Education and Promotion

## Food Safety Week

Food Safety Week 2014 was held from 9 to 16 November 2014. The theme was "Temperature Danger Zone" with a focus on keeping hot food hot and cold food cold.

SA Health offered a range of free promotional material to EHA. In supporting the week, EHA visited local primary schools and discussed lunch box safety with children.

The Food Safety Week initiative was well received by both staff and children. Many of them were unaware of risks involved in leaving potentially hazardous food in lunch boxes for long periods of time.

# Health Care and Community Services

# SRF - Introduction

Supported Residential Facilities (SRFs) are privately owned facilities providing personal care services and support a home-like environment for people in the community. The residents of a SRF are often aged, physically and/or intellectually disabled, have mental health illness, substance abuse related illnesses and people in need of support with daily living. A low level of care is provided to residents, such as assistance with medication management, personal hygiene, consuming food, and financial management, as well as supplying meals and accommodation. SRFs are regulated and licensed under the *Supported Residential Facilities Act 1992 (the Act)* to ensure adequate standards of care are provided to residents and all residents' rights are protected. EHA applies the objective and principles of the Act to ensure residents receive reasonable levels of nutrition, comfort and shelter in a home-like environment, are treated with dignity and respect and receive high quality care in a safe environment.

The Minister for Communities and Social Inclusion is responsible for promoting the objectives of the Act, and local councils administer and enforce the Act. EHA is the licensing authority for all SRFs within the five Constituent Councils, and continues to act as the licensing authority for SRFs within the City of Unley, under delegated authority.

# Licensing & Monitoring

Unannounced SRF audits were conducted quarterly at each facility. EHOs conducted 39 unannounced routine audits during the reporting period. Nine follow-up visits were conducted as a result of the non-conformances identified.

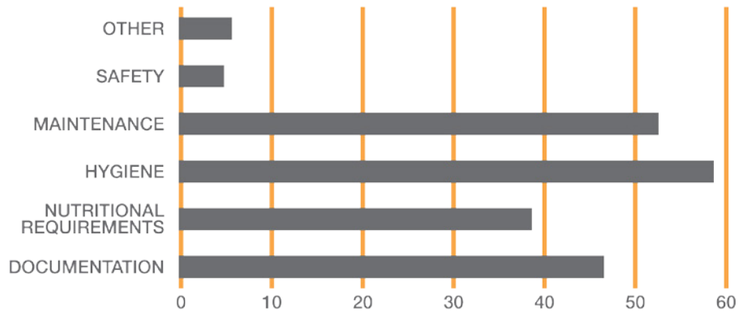
The criteria assessed to determine compliance with the *Supported Residential Facilities Act 1992*, the *Supported Residential Facilities Regulations 2009* and the Supported Residential Facilities Guidelines and Standards 2011, included the following:

- **adequacy of documentation and suitability of service plans**
- **level of staffing and appropriate qualifications**
- **nutritional quality and variety of the food provided to the residents**
- **solvency of the business**
- **public liability insurance**
- **structural condition of the premises**
- **financial management**
- **general amenity and cleanliness of the facility**
- **medication management**
- **privacy, dignity and respect of residents**
- **the visitors' book**

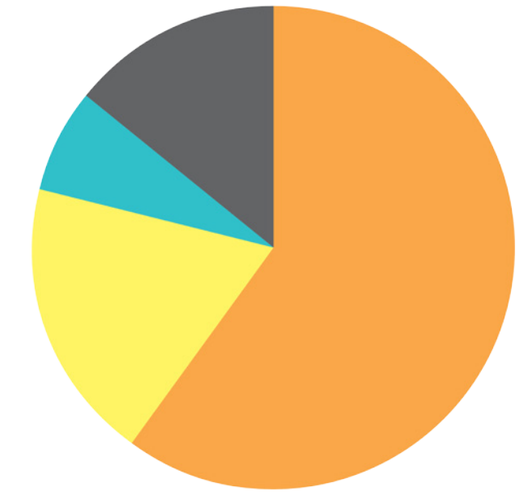
Furthermore, the Building Fire Safety Committee of each Constituent Council was consulted to ensure that any identified fire safety issues were addressed. Non-conformances identified were followed-up by the Committee as required.

The common non-conformances identified this year related to the maintenance of the facility, hygiene, documentation and nutritional requirements of menus, as shown in Graph 8. Graphs 9 and 10 demonstrate that the majority of hygiene and maintenance issues were identified within the residents' bedrooms. This common non-conformance is partly attributed to residents' personal choices. Officers communicated these issues to managers and proprietors. Staff and management actively encouraged and supported lifestyle changes with particular residents regarding hygiene, cleaning, ventilation and opening windows and curtains to allow natural light in bedrooms. During follow up visits, some residents showed positive improvement with regard to the condition of their bedrooms and personal hygiene. The unannounced and multiple audits conducted during the year provided EHOs with a perspective of the condition of bedrooms and how residents live on a day to day basis.

**Graph 8** Common non-conformances related to the maintenance of the facility, hygiene, documentation and nutritional requirements of menus

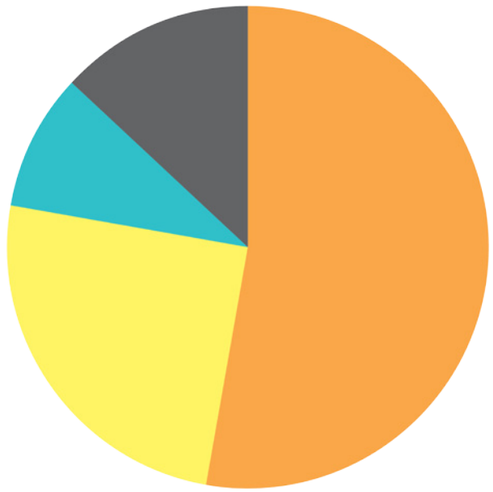



**Graph 9** Hygiene issues identified during the audits



60% Bedrooms
19% Bathrooms
14% Communal Areas
7% Laundry

**Graph 10** Maintenance Issues identified during the audits



53% Bedrooms
25% Bathrooms
13% Communal Areas
9% Laundry



Following the final quarterly audits at each facility, any outstanding non-conformances were imposed as conditions to the facilities' licences. Four facilities were issued licences for one year with no conditions.
Four facilities were issued licences for one year with conditions. One facility was issued a five month licence with conditions, due to ongoing and reoccurring non-conformance and concerns. One facility was issued with a licence with conditions from 17 June 2015 to 30 June 2016. The proprietors of the latter facility requested that the licence be renewed prior to 30 June 2015, due to the expansion of the facility. These proprietors purchased the neighbouring property to accommodate a further eight residents. The application was reviewed and the licence was granted by the Chief Executive Officer under delegated Authority.

Two dual-licensed facilities were re-licensed this year for the number of residents receiving personal care services. Historically, these dual-licensed facilities were licensed for the total number of available residents rather than the number of residents receiving personal care services. This change in licensing allows EHOs to audit the rooms and documentation of residents who are recognised under the *Supported Residential Facilities Act 1992*. The independent residents under the retirement village model, who do not receive services defined under the Act, will no longer require an inspection of their apartments.

There are two facilities that are no longer operating as SRFs under the legislation. One premises changed ownership during the year and changed their business model to no longer offer personal care services to residents. All services are now provided externally; and the facility is no longer an SRF as defined under the *Act*.

The second facility was under investigation by EHA for some time due to ongoing non-conformances. This facility was granted a four month licence with conditions. The facility was subject to on-going monitoring, with a specific focus on staffing, nutrition, records management, medication and financial management. Prior to the licence expiring in November 2014, EHA liaised with the Department of Communities and Social Inclusion (DCSI), due to the seriousness of the issues and the ongoing decline in services provided to residents. DCSI, with the approval of the proprietor, entered and managed the facility with the assistance of the existing manager. DCSI assisted in the relocation of all residents to alternative suitable accommodation. The licence expired and was not renewed.

## Approval of Manager and Acting Manager

Four Acting Manager applications and one Manager application were received during the year.

## Complaints and Queries/Legal Action

As shown in Table 27, there has been an increase this year in the number of complaints received compared to previous years. The complaints received were in relation to the nutritional value of food and the quality of care provided to residents.

One complaint was received from the DCSI regarding a staff member not providing privacy, dignity and respect to a resident. EHOs investigated the complaint and conducted interviews with the proprietors of the facility, the alleged offender, the complainant, the resident and a witness to the incident. Following the investigation, the identified breaches in the SRF legislation were communicated to the proprietors.

**Table 27** A three year comparison of the number SRF complaints received within EHA's Constituent Councils and within the City of Unley

| 2012 - 13 | 2013 - 14 | 2014-15 |
|---|---|---|
| 9 | 5 | 13 |

# Summary Financial Statement for the year ending 30 June 2015

| | 2015 | 2014 |
|---|---|---|
| **INCOME** | | |
| Council contributions | 1,576,605 | 1,556,139 |
| Statutory charges | 157,329 | 428,938 |
| User charges | 303,449 | 371,211 |
| Grants, subsidies and contributions | 117,983 | 173,147 |
| Investment income | 20,871 | 18,022 |
| Reimbursements | 2,667 | 7,713 |
| Other income | 3,993 | 878 |
| **TOTAL INCOME** | **2,182,897** | **2,556,048** |
| **EXPENSES** | | |
| Employee costs | 1,353,987 | 1,480,853 |
| Materials, contracts & other expenses | 608,515 | 827,249 |
| Depreciation, amortisation & impairment | 83,705 | 83,704 |
| Finance costs | 24,016 | 39,545 |
| **TOTAL EXPENSES** | **2,070,223** | **2,431,351** |
| **OPERATING SURPLUS (DEFICIT)** | | |
| Asset disposal & fair value adjustments | - | - |
| NET SURPLUS/(DEFICIT) | 112,674 | 124,697 |
| Other comprehensive income | - | - |
| **TOTAL COMPREHENSIVE INCOME** | **112,674** | **124,697** |
| **CURRENT ASSETS** | | |
| Cash and cash equivalents | 789,971 | 719,815 |
| Trade and other receivables | 162,272 | 178,512 |
| **TOTAL CURRENT ASSETS** | **952,243** | **898,327** |
| **NON-CURRENT ASSETS** | | |
| Infrastructure, property, plant & equipment | 441,095 | 524,800 |
| **TOTAL NON-CURRENT ASSETS** | **441,095** | **524,800** |
| **TOTAL ASSETS** | **1,393,338** | **1,423,127** |
| **CURRENT LIABILITIES** | | |
| Trade & other payables | 108,658 | 181,322 |
| Borrowings | 55,934 | 53,369 |
| Provisions | 236,220 | 251,094 |
| Liabilities relating to non-current assets held for sale | - | - |
| **TOTAL CURRENT LIABILITIES** | **400,812** | **485,785** |
| **NON-CURRENT LIABILITIES** | | |
| Borrowings | 435,198 | 491,132 |
| Provisions | 41,662 | 43,218 |
| **TOTAL NON-CURRENT LIABILITIES** | **476,860** | **534,350** |
| **TOTAL LIABILITIES** | **877,672** | **1,020,135** |
| **NET ASSETS** | **515,666** | **402,992** |
| **EQUITY** | | |
| Accumulated surplus | 515,666 | 402,992 |
| **TOTAL EQUITY** | **515,666** | **402,992** |



Dean Newbery & Partners
CHARTERED ACCOUNTANTS ABN 30 164 612 890

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE EASTERN HEALTH AUTHORITY**

We have audited the accompanying financial report of the Eastern Health Authority (the Authority), which comprises the Statement of Financial Position as at 30 June 2015, the Statement of Comprehensive Income, the Statement of Changes in Equity, the Statement of Cash Flows for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the Statement by Chief Executive Officer.

**The Responsibility of the Chief Executive Officer for the Financial Report**

The Chief Executive Officer of the Authority is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations), the Local Government Act 1999 and Local Government (Financial Management) Regulations 2011. This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

**Auditor's Responsibility**

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud and error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chief Executive Officer, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for an audit opinion.

**Independence**

In conducting our audit, we have complied with the independence requirements of the Local Government Act 1999 and Local Government (Financial Management) Regulations 2011 and the Australian professional ethical pronouncements.

**Auditor's Opinion**

In our opinion, the financial report presents fairly, in all material respects, the financial position of the Eastern Health Authority as of 30 June 2015, and its financial performance and cash flows for the year then ended in accordance with the Local Government Act 1999, Local Government (Financial Management) Regulations 2011 and the Australian Accounting Standards (including Australian Accounting Interpretations).

**DEAN NEWBERY & PARTNERS**
**CHARTERED ACCOUNTANTS**

**JIM KEOGH**
**PARTNER**

Signed on the 10th day of September 2015,
at 214 Melbourne Street, North Adelaide, South Australia 5006.

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City of Burnside
CAMPBELLTOWN CITY COUNCIL
City of Norwood Payneham & St Peters
CITY OF PROSPECT
TOWN OF WALKERVILLE

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